

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		69861	1/7
O.I.P.E. CLASSIFIER		5	1/14/99
FORMALITY REVIEW		71471	1/27

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	1/10/99
Original	
1	✓
2	✓
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8	✓
9	✓
10	✓✓
11	✓
12	✓
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18	✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet

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